

License Application



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Chiropractic Examiners
124 Halsey Street, 6th Floor, Newark, NJ 07102

Board of Chiropractic Examiners Application Check-List

*Use this checklist to determine whether you have complied with all requirements. Once your application is received a file will be started and you will be notified if any documents are missing. **DO NOT CALL THE BOARD OFFICE TO CHECK IF YOUR FILE IS COMPLETE. YOU WILL BE NOTIFIED IN WRITING.***

- ☐ One (1) passport size photograph
- ☐ \$125.00 application fee made payable to the **Board of Chiropractic Examiners** (*non-refundable*)
- ☐ \$75.00 Endorsement Fee **ONLY** if you have not completed Parts I, II, III, and IV of National Boards and are applying on the basis of Endorsement of a state based Clinical Examination. (*non-refundable*)
- ☐ \$30.00 (money order or certified check only) Academic Qualifying Certificate fee made payable to the **Commissioner of Education**
- ☐ Completed and notarized application
- ☐ Official Chiropractic School transcripts requested to be sent upon graduation directly to the Board office at NJ Board of Chiropractic Examiners, P.O. Box 45004, 124 Halsey Street, 6th Floor, Newark, NJ 07101
- ☐ Official Undergraduate School transcripts requested to be sent from all schools attended directly to the Board office at NJ Board of Chiropractic Examiners, P.O. Box 45004, 124 Halsey Street, 6th Floor, Newark, NJ 07101
- ☐ National Board transcripts requested to be sent from the National Board directly to the Board office at NJ Board of Chiropractic Examiners, P.O. Box 45004, 124 Halsey Street, 6th Floor, Newark, NJ 07101
- ☐ Completed and notarized Certification and Authorization Form for a Criminal History Background Check (CHBC). Instructions for completion of a CHBC will be provided once your application is received
- ☐ Resume/Curriculum Vitae
- ☐ Verification of License sent to the Board office from any/all states in which you hold a license
- ☐ Completion of the on-line New Licensee Orientation and Jurisprudence Examination. Go to the Board's website at www.njconsumeraffairs.gov/medical/chiropractic.htm and click on the link to this program. There is a \$50 fee for this program (Credit Cards Only). Instructions and Applicant number will be provided once your application is received

Staple a clear, full-face passport - style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.



**New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Chiropractic Examiners
P.O. Box 45004
124 Halsey Street, 6th Floor
Newark, New Jersey 07101
(973) 504-6395**

For office use only

Application number: _____

License number: _____

License Issue Date: _____

Official Application for Chiropractic Licensure

Date: _____

I am applying for a Chiropractic license on the basis of:

- ☐ National Boards Parts I, II, III and IV
☐ Endorsement

A nonrefundable application filing fee of \$125 (or \$200 if you are applying by endorsement) in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure process will be delayed until the fees are paid.)

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name: _____ (_____)
First Middle Last Maiden Name
2. Address: _____
Street City State Zip County

Telephone Number E-mail address
3. Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/State/Country
4. Social Security Number: _____/_____/_____

Privacy Act Notice: You are hereby notified pursuant to the Privacy Act (5 U.S.C. § 552a (note)(b)) that disclosure of your Social Security number in this application form is voluntary. The Board of Chiropractic Examiners may use your Social Security number for the following: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

Pursuant to N.J.S.A. 2A:17-56.44(e) of the NJ Child Support Enforcement Law and N.J.S.A. 54:50-25 of the NJ Taxation Law, the Board of licensing agency to which this form is submitted is required to obtain your Social Security number and/or federal taxpayer identification number, and where neither is possessed, the reason for not having such a number. The Board is further obligated to provide these identifying numbers to the Director of Taxation and the Probation Division or other agency responsible for child support enforcement.

I _____ ☐ consent ☐ do not consent to the use of my Social Security number for any of the purposes set forth above.
I understand that my consent is voluntary and that if I do not consent, no adverse action in inference will be taken or drawn.

5. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

6. Chiropractic Education

Name and address of institution

Date Enrolled ____/____/____

☐ Received Degree on ____/____/____

Name and address of institution

Date Enrolled ____/____/____

☐ Received Degree on ____/____/____

OFFICIAL TRANSCRIPT FROM THE CHIROPRACTIC COLLEGE(S) ATTENDED MUST BE SENT DIRECTLY TO THE BOARD OFFICE UPON FILING OF THIS APPLICATION.

7. Undergraduate Education

Months and Years	College/University	City, State, County
____/____ to ____/____	_____	_____
____/____ to ____/____	_____	_____
____/____ to ____/____	_____	_____

I received the degree of _____ on the _____ day of _____, _____
Month Year

OFFICIAL TRANSCRIPT FROM THE ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SENT DIRECTLY TO THE BOARD OFFICE UPON FILING OF THIS APPLICATION.

- 8. Academic Qualifying Certificate:** An application is attached which will be submitted to the Department of Education along with the transcripts as set forth in Board regulations. A certified check or money order for \$30.00 must be included with this application made out to the Commissioner of Education. (Personal checks are not acceptable)

After Review an Academic Qualifying Certificate will be issued by the Department of Education. Candidates who do not meet the pre-requisite educational qualifications must complete the Special Purposes Examinations in Chiropractic (SPEC) offered by the National Board of Chiropractic Examiners.

9. National Board Examinations

Please indicate Parts taken: ☐ Part I ☐ Part II ☐ Part III ☐ Part IV

OFFICIAL TRANSCRIPT FROM THE NATIONAL BOARD MUST BE SENT DIRECTLY TO THE BOARD OFFICE UPON FILING OF THIS APPLICATION. GO TO WWW.NBCE.ORG OR CALL (970) 356-9100 TO REQUEST TRANSCRIPTS. CANDIDATES WHO HAVE NOT TAKEN NBCE PART IV ARE APPLYING ON THE BASIS OF "ENDORSEMENT" OF A STATE CLINICAL EXAM, A \$75 ENDORSEMENT FEE APPLIES.

10. Have you applied for or taken a State licensing examination in any other State? ☐ Yes ☐ No

11. Do you currently hold, or have you ever held a professional license of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If you have answered "Yes" to question #10 and/or #11 please indicate the state(s) below and submit a verification form (attached) to each state. The verification form must be sent directly from the state(s) to the NJ Chiropractic Board office.

<i>State that issued the license</i>	<i>License Number</i>	<i>Date issued/expired</i>	<i>Status</i>

12. Please submit a resumé listing all activities including periods of unemployment beginning with graduation from chiropractic college through the present time.

13. Student Loan

Are you in default in regard to any student loan obligation(s)?

☐ YES ☐ NO

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

All questions must be answered

14. Have you ever been arrested, charged with and/or been convicted of any crimes or Offenses (including petty offenses) as an adult or juvenile, excluding motor vehicles offenses, except driving while intoxicated? ☐ YES ☐ NO

15. Have you ever been convicted of any crime or offense under any circumstances such as, but not limited to, a plea of guilty, Non Vult, Nolo Contendere, No Contest, etc., or a finding of judge or jury? ☐ YES ☐ NO

16. Have you ever been denied a license to practice chiropractic or eligibility to sit for a licensing exam in this state, any other state, or foreign country? ☐ YES ☐ NO

17. Have you ever been the defendant in a malpractice suit? ☐ YES ☐ NO

a. Have you ever been denied malpractice insurance coverage? ☐ YES ☐ NO

b. Have you ever had any practice curtailments? ☐ YES ☐ NO

c. Have you ever been assessed a surcharge? ☐ YES ☐ NO

d. Has limitation ever been required? ☐ YES ☐ NO

e. Have you ever been required to have office monitoring? ☐ YES ☐ NO

18. Is there any action pending against you now, or in the past, whether for a crime of offense or any action by a regulatory agency, such as but not limited to professional licensing agencies, Medicaid, Medicare or any other government agency? ☐ YES ☐ NO

IF YOU ANSWERED “YES” TO ANY OF THE QUESTIONS, #14 THROUGH #18, YOU MUST PROVIDE THE FOLLOWING:

- **A WRITTEN EXPLANATION OF THE INCIDENT.**
- **COURT OR AGENCY RECORDS**

FOR THE PURPOSES OF THE FOLLOWING QUESTIONS, #19 THROUGH #24, THE FOLLOWING PHRASES OR WORDS HAVE THE FOLLOWING MEANINGS:

Ability to practice chiropractic is to be construed to include all of the following:

- A. The cognitive capacity to make appropriate chiropractic analyses and/or clinical diagnoses, exercise reasoned chiropractic judgments and to learn and keep abreast of chiropractic developments; and
- B. The ability to communicate those judgments and chiropractic information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
- C. The physical capability to perform chiropractic tasks such a physical examination and chiropractic procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (i.e. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

You have a right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question which you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. N.J.S.A. 45:1-20.

19. Do you have a medical condition which in any way impairs or limits your ability to practice chiropractic with reasonable skill and safety? ☐ Yes ☐ No If yes, please explain.

20. Does your use of chemical substance(s) in any way impair or limit your ability to practice chiropractic with reasonable skill and safety? ☐ Yes ☐ No ☐ Not Applicable If yes, please explain.
-
-
21. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? ☐ Yes ☐ No ☐ Not Applicable If yes, please explain.
- ** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.
-
-
22. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not Applicable If yes, please explain.
-
-
23. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No If yes, please explain.
-
-
24. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No
- If you answered “Yes” to question 24, are you currently participating, or have you within the past two (2) years participated, in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?
-
-

I _____, hereby authorize all hospitals*, institutions* or organizations, my references, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the New Jersey State Board of Chiropractic Examiners any information, files or records requested by the Board. I further authorize the New Jersey State Board of Chiropractic Examiners to release to the organizations, individuals and groups listed above any information.

I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind, and I declare under penalty or perjury that my answers and all statements made by me herein are true and correct and further declare that I am the person referred to in the above application. Should I furnish any false information in this application, I hereby agree that such an act shall constitute cause for denial, suspension or revocation of my license to practice chiropractic in the State of New Jersey.

I HAVE READ THE ABOVE
AND UNDERSTAND SAME

Applicant's Name (Please Print or type)

Date

Signature of applicant

Affix Seal Here

Sworn to before me this _____

day of _____, 20_____

Notary Public

* relating to clinical or post-graduate programs

If you require additional space on which to answer any of the preceding questions you may attach your response to the last page of this application, having made sure that you print or type your name to each attachment.

CHILD SUPPORT

Please certify under penalty of perjury, the following questions:

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 25. | Do you currently have a child-support obligation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | If yes, are you in arrears in payment of said obligation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | If yes, does the arrears match or exceed the total amount payable for the past six months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 26. | Have you failed to provide any court ordered health insurance coverage during the past six months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 27. | Have you failed to respond to a subpoena relating to either a paternity or child supporting proceeding? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 28. | Are you the subject of a child support related warrant? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions 25 through 28 will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's Name (Please Print or type)

Date

Signature of applicant

Sworn to before me this _____

day of _____, 20_____

Notary Public

Affix Seal Here

ACADEMIC QUALIFYING CERTIFICATE

The statutes governing the practice of chiropractic, specifically N.J.S.A. 45:9-41.7, require that every candidate for licensure complete at least two years of study (at least 60 credits) in a school or college of arts and sciences accredited by the New Jersey Department of Education. No less than one and one half (1 ½) years must be completed prior to commencement of studies at an approved school of chiropractic. Successful completion of pre-chiropractic education must be evidenced by the issuance of an “Academic Qualifying Certificate” issued by the New Jersey Department of Education.

In addition to completing the application below, and to avoid any unnecessary delays, please arrange to have the college or university where the pre-chiropractic education was obtained forward an official transcript directly to the Board office. The transcripts, application and check will be forwarded by the Board office to the New Jersey Department of Education.

**INCLUDE A CERTIFIED CHECK OR MONEY ORDER IN THE AMOUNT OF \$30 MADE PAYABLE TO:
NJ COMMISSIONER OF EDUCATION**

Applicant's Name: _____
First Middle Last

List any other names (such as a maiden name) under which transcripts may have been issued

Address:

List colleges or universities: (request transcript from each)



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Chiropractic Examiners

124 Halsey Street, 6th Floor, P.O. Box 45004

Newark, New Jersey 07101

(973) 504-6395

Verification of State License

A separate form must be used for each state.

(This form may be reproduced.)

Name of Applicant: _____
First Middle Last

The above-named applicant is a licensee of the State of _____ and was
issued license number _____ on _____
Month Day Year

The applicant was licensed by:

- ☐ Examination
(Complete examination history below)
- ☐ Based on National Board Parts I, II, III and IV
- ☐ Endorsement/Reciprocity from the State of _____.

The license Status is:

- ☐ Current and in good status expiring on _____ Date
- ☐ Inactive/Expired on _____ Date
- ☐ Revoked or Suspended
- ☐ Other (please attach explanation)

Examination History (if applicable)

Date of examination	Subject	Grade
_____	_____	_____
_____	_____	_____

The licensee ☐ does ☐ does not have a record of disciplinary history with this agency. Attach additional information if applicable.

CERTIFICATION

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual named on this form.

(Board Seal)

Name of Board

Name of person completing this form

Title

Signature

Official Use Only☐ Dual LicenseLicense Type 1
_____Applicant's Number
_____License Type 2
_____Applicant's Number
_____**New Jersey Office of the Attorney General**Division of Consumer Affairs
State Board of Chiropractic Examiners
P.O. Box 45004
Newark, New Jersey 07101
(973) 504-6395**Official Use Only**☐ ResubmitBoard or Committee
_____**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK****Directions:** Answer all of the questions on this form and sign it in the presence of a notary public.1. Name ☐ Mr. _____ (_____)
☐ Mrs. _____
☐ Ms. _____
Last First Middle Maiden Name2. Address _____
Street or P.O. Box City State ZIP code3. Date of birth ____/____/____ Sex: ☐ Male ☐ Female
Month Day Year

4. Social Security number ____/____/____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting_____
Month and year you were fingerprintedIf you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be \$33.00. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.****Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Signature of applicant

Date